

New Item Promotion/Deal Open Stock Post Launch Change

PRODUCT INFORMATION

Manufacturer/Broker Name: **Strides** Number: _____
 Rx Product Name: **Vitamin D (Ergocalciferol Capsules, USP)** NDA ANDA
 Product ID Number: NDC 64380-737-06 UPC/GTIN 00364380737063
 Serialized? Yes No How? 2D RFID Pallet Case Item
 Description: **Green colored oval shaped transparent soft gelatin capsules imprinted 194 in white, and containing clear light yellow oily liquid.**
 URL for additional product information: _____
 Address: **201 South Main Street, Suite 3**
 City, State, Zip: **Lambertville, NJ 08530**
 Key Contact: **JB Davis** Email: **sales@stridesusa.com**
 Phone Number: **(855) 273-0146** Fax: **(855) 228-9481**
 Is the Product... A Direct Ship Item A Drop Ship Item
 a Controlled Drug? Yes No If Yes, Schedule Number: _____
 ARCOS reportable? Yes No Biological? Yes No
 Co-Licensed? Yes No Repackaged? Yes No
 a Legend Device? Yes No Does the product contain DEHP? Yes No
 Active ingredient, if product contains a drug: **Ergocalciferol**
 Country of Origin: **India**
 Harmonization Code Number for International Shipping: _____
 Is this product a Hazardous Material or Cytotoxic Agent? *Yes No
 *If yes, provide additional information on page 2.
Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT

SPECIAL HANDLING AND STORAGE REQUIREMENTS

a. Temperature – Indicate the USP temperature range for this product.
 I. Freezer – between -25 and -10 C (-13° – 14° F)
 II. Cold – between 2 and 8 C (36° – 46° F)
 III. Cool – between 8 and 15 C (46° – 59° F)
 IV. Controlled Room – between 20 and 25 C (68° – 77° F)
 allows for excursions between 15 and 30 C (59° – 86° F)
 V. Excessive Heat – above 40 C (>104° F)
 VI. Other Temperature Range Requirement
 (write in) Store < 25 °C (77°F) Do not Freeze
 VII. No Requirement
 b. Contact for temperature excursion questions:
 Name: Nagesh Majeti Number: 609-773-5004
 Is this product to be shipped to customers on ice? Yes No
 Is this product to be shipped to customers on dry ice? Yes No
 c. Special regulations for this product in certain states? *Yes No
 Special returns requirements for this product? *Yes No
 d. Store product upright? Yes No
 Protect product from light? Yes No Other requirements?*
 *Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION

Product Shape **Oval soft gelatine capsule**
 Product Color **Green**
 Product Imprint **194 in white ink**
 Is there a minimum order quantity?
 Yes No
 If yes, how many? **12 bottles**
 Of what package type?
 Case Carton Item
 Shelf life: **24 Months**
 Initial shelf life at launch (if diff't) _____
 Whsl. Code #: _____
 Finline Code: _____
 Is Item? Unit Dose Unit of Use
 If Unit Dose, is item bar coded to unit dose for hospital scanning?
 Yes No

ITEM AND PACKING INFORMATION

Size/Strength/Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/Pallet
							Case	Item	Pallet	
100's/1.25 mg /Capsules	<input checked="" type="checkbox"/> Bottle	Case:	96 (Bottles)	12 (Bottles)	Case: 17.601	1975.3844	Depth:	Depth:	Depth:	32
	<input type="checkbox"/> Box	Carton:					16.339	1.722	47.992	
	<input type="checkbox"/> Glass Jar	Item:					Height:	Height:	Height:	
	<input type="checkbox"/> Ampule						2.104	9.449	3.583	
	<input type="checkbox"/> Other:				Item:		Width:	Width:	Width:	
					0.156		12.795	1.722	40	

For Generic Drug Products:
 I. Orange Book: Rating: **AA** III. Brand Name Equivalent: **Drisdol®**
 II. Product Color: **Green** IV. Generic Name for Brand: _____

COST INFORMATION

Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax
	<input type="checkbox"/> OI	<input type="checkbox"/> BB	<input type="checkbox"/> OI	<input type="checkbox"/> BB						
	\$	%	\$	%						
DZ										
EA										
PPK										